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STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

December 4, 1990

TO: Interested Parties

FROM: Helen Zidowecki, Director, Office of Planning, Research & Development

SUBJECT: Final Rules: Rural Medical Access Program

Attached please find copies of Regulations Governing the Rural Medical Access Program.

A public hearing was held September 20, 1990 and comments were accepted through October 1, 1990. All comments were carefully reviewed and considered, and where appropriate, were incorporated in these rules.

A summary of comments and the Department's responses may be obtained from Barbara Webster at 626-5432.

The final rule is effective for November 5, 1990. If you have any questions please call Sophie Glidden at 626-5428.

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Attachment  
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# REGULATIONS GOVERNING THE RURAL MEDICAL ACCESS PROGRAM

## I. INTRODUCTION

### A. Intent

It is the intent of the Maine Department of Human Services to promote the availability of physicians to deliver babies in underserved areas of the State. The Department chooses to accomplish this through the following method of disbursement of financial incentives to physicians who provide services in these underserved areas.

### B. Summary

The Rural Medical Access Program (RMAP) was authorized in April of 1990 with the passage of Section 5 of L.D. 2513, 24-A M.R.S.A. Ch. 75, effective on 7-14-90. This legislation provides for a program to promote the availability of physicians who deliver babies and provide prenatal care services in underserved areas. The Department will accomplish this through the development of a process for the disbursement of financial incentives to physicians who practice at least 50% of their time in underserved areas of the State. The purposes of these rules are to: (1) establish a process by which the Commissioner of Human Services determines those physicians who are eligible to receive professional liability premium assistance; and, (2) set forth the method used by the Commissioner of Human Services to identify "underserved areas" and to determine the order of priority for receipt of premium assistance for their physicians.

### C. Staffing

These rules will be administered by the Office of Planning, Research and Development of the Department of Human Services.

## II. DEFINITIONS

1. "Department" refers to the Maine Department of Human Services.
2. "Family Practitioner" means a duly licensed physician who manages the personal, long term, comprehensive medical care, health maintenance and illnesses prevention of family members of all ages.
3. "Obstetrics" means the management of pregnancy, labor and childbirth by obstetricians or family or general practitioners.
4. "Obstetrics/Gynecology" refers to the diagnosis and treatment of diseases of the female reproductive system and to the care of women during pregnancy, childbirth and the period immediately following childbirth.
5. "Obstetrician" means a duly licensed physician who practices obstetrics.
6. "Obstetrician/Gynecologist" refers to a duly licensed physician who is certified by the American Board of Obstetrics and Gynecology or the American College of Osteopathic Obstetrics and Gynecology.
7. "Prenatal/Post Partum Care" means care given to the mother with reference to the fetus/infant, before and after birth, by an obstetrician or family or general practitioner.
8. "Referral agreement" refers to a written agreement between a physician who provides care in an underserved area without a facility for delivery and a licensed physician who performs the delivery outside that area.
9. "Health Manpower Shortage Area (HMSA)/populations" mean an area or population that meet the current federal criteria for designation as such which are found at 42 C.F.R. § Part 5.
10. "Medically Underserved Area (MUA)/populations" refer to an area or population that meet the current federal criteria for designation as such which are found at 42 C.F.R. § Part 4.

### III. IDENTIFYING UNDERSERVED AREAS FOR OBSTETRICAL AND PRENATAL CARE

The following list includes those areas which will be considered underserved areas with respect to obstetrical and prenatal care:

- A. Federally designated medically underserved areas (MUAs)/populations;
- B. Federally designated health manpower shortage areas (HMSAs)/populations.

### IV. RANKING "UNDERSERVED AREAS" FOR OBSTETRICAL AND PRENATAL CARE

Those areas which have been designated as underserved areas for obstetrical and prenatal care will be ranked by the following methodology for the purpose of establishing the relative priority of each area's physician(s) receiving premium assistance.

- A. First priority will be given to those designated areas whose Medicaid eligible population percentages exceed the statewide average Medicaid eligible population percentage. An area with a greater Medicaid percentage will be ranked above an area with a lesser Medicaid percentage. The most current available data from the Medicaid recipient files will be used. This data will be updated by the Department annually, every March 31st.
- B. Priority will then be given to all other designated areas based on their relative existing ratios of physician providers of obstetrical or prenatal services to women aged 12 to 44, inclusive. The population data will be taken from the most recent estimates prepared by the staff of the Office of Data, Research and Vital Statistics, OPRD.

Note: For any area that loses its HMSA status, its physician's premium assistance will be continued until the next federal review of HMSAs in Maine.

V. PHYSICIAN QUALIFICATIONS FOR PREMIUM ASSISTANCE

A qualified physician may be found eligible to receive professional liability premium assistance only if he or she:

- A. Is licensed to practice medicine in the State of Maine.
- B. Files an application for premium assistance with the Department's Office of Planning, Research and Development.
- C. Provides in the written application the total number of prenatal care patients and deliveries as well as the total number of prenatal care patients and deliveries that are covered through Medicaid. (Note: for the physician to qualify, the physician's Medicaid eligible patients must represent at least 10% of the physician's total prenatal/obstetrical care practice during the preceding 6 months. In those situations where a physician does not limit or refuse treatment to Medicaid recipients but the percentage of Medicaid patients is still below 10% of his/her total prenatal/obstetrical care caseload, a waiver of this stipulation may be granted by the Department.)
- D. Provides complete obstetrical care for patients, including prenatal care and delivery, except that a physician in an underserved area without a facility for obstetrical delivery may qualify if the physician provides all services except delivery services but has a referral agreement for delivery with a licensed physician who accepts and serves Medicaid patients.
- E. For at least 50% of his or her work time provides patient services in areas of the State that are determined to be underserved areas for obstetrical and prenatal services under II, above.
- F. Has provided obstetrical and/or prenatal care services in a designated area, including to Medicaid patients, for at least the previous 6-month period, except in the case of new physicians, wherein the premium assistance will be granted prospectively.

VI. COMPLIANCE AND RECOUPMENT

Every physician receiving insurance premium assistance must fully comply with these rules throughout the period assistance is provided. Failure to do so, may result in the Department's recoupment of the value of the assistance already given and withholding of further assistance.

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